

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: <u>6/2/05</u>		2 Serial/Patent # <u>10/518492</u>	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
<input checked="" type="checkbox"/> Filing <input type="checkbox"/> Amendment <input type="checkbox"/> Extension of Time <input type="checkbox"/> Notice of Appeal/Appeal <input type="checkbox"/> Petition <input type="checkbox"/> Issue <input type="checkbox"/> Cert of Correction/Terminal Disc. <input type="checkbox"/> Maintenance <input type="checkbox"/> Assignment <input type="checkbox"/> Other	<input checked="" type="checkbox"/>	6 AMOUNT	
		<input checked="" type="checkbox"/> 12/20/04 \$ 100 <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> \$	
		7 TOTAL AMOUNT OF REFUND \$ 100	
		8 TO BE REFUNDED BY:	
10. REASON:		Treasury Check	
<input checked="" type="checkbox"/> Overpayment <input type="checkbox"/> Duplicate Payment <input type="checkbox"/> No Fee Due (Explanation):		<input checked="" type="checkbox"/> Credit Deposit A/C #: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 01--2135 </div>	
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: <u>A Johnson</u>		TITLE: <u>Paralegal</u>	
SIGNATURE: <u>A Johnson</u>		PHONE: <u>308-9140</u>	
OFFICE: <u>PCT</u>			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: